

**IN THE DISTRICT COURT OF THE STATE OF WASHINGTON
FOR LEWIS COUNTY**

State of Washington,
City of _____,

_____,
Plaintiff,

vs.

_____,
Defendant.

District Court No. _____

Superior Court No. _____

Notice of Appeal

The Appellant (*Please Print Your Name*) _____

seeks review by the Lewis County Superior Court of the decision rendered in the Lewis County

District Court under Case No. _____ entered on _____
(date)

Type of Case Appealed:

☐ Criminal (RALJ) _____
(include charge description)

☐ Civil (RALJ) ☐ Infraction (RALJ)

Designate each decision to be reviewed:

Dated this _____ day of _____, 20____.

Appellant

Appellant or Attorney for Appellant

Name: _____

Address: _____

Telephone: () _____

Bar No. _____

Attorney for Respondent

Name: _____

Address: _____

Telephone: () _____

Bar No. _____